

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**"FEE ADDRESS" INDICATION FORM**

Address to:  
**Mail Stop M Correspondence  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450**

Fax to:  
**571-273-6500**

**- OR -**

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: **25096**

**OR**

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
6,943,607	10/672,406 Confirmation # 9139

Completed by (check one):

Applicant/Inventor

*Rajiv P. Sarathy*  
Signature

Attorney or Agent of record **55,592**  
(Reg. No.)

**Rajiv P. Sarathy**

Typed or printed name

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

**(206) 359-8000**

Requester's telephone number

Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

*June 30, 2009*  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of **1** forms are submitted.